

Case Number:	CM15-0027484		
Date Assigned:	02/19/2015	Date of Injury:	10/07/2004
Decision Date:	04/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on 10/07/2004. He has reported subsequent bilateral shoulder and upper extremity pain and was diagnosed with carpal tunnel syndrome and chronic pain due to trauma. Treatment to date has included oral and topical pain medication, cortisone injections and H-wave therapy. In a progress note dated 01/09/2015, the injured worker complained of aching in the shoulder, elbows and both wrists, right more than left. Objective physical examination findings were notable for increased pain in the right wrist, tenderness in the shoulders anteriorly on the right and pain with full abduction of the right shoulder. A request for authorization of Terocin cream was made. On 02/03/2015, Utilization Review non-certified a request for Terocin cream, noting that a topical medication is not approved if any of the compounds within that product are not approved. MTUS, ACOEM and FDA guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin Cream (Strength and QTY not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Salicylate topicals and topical analgesics Page(s): 56-57 and 105 and 111-113.

Decision rationale: Terocin Cream (Strength and QTY not specified) is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredients in Terocin Lotion are: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% Lidocaine 2.50%. Terocin contains Lidocaine which per MTUS guidelines is not recommended in cream, lotion or gel form for peripheral pain. Patient has no documentation that she meets the criteria for topical lidocaine and therefore this is not medically necessary. Capsaicin is contained within Terocin and per MTUS Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that patient is intolerant to other oral medications or treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. The patient does not meet the criteria for either Capsaicin and topical lidocaine in this case is not supported by the MTUS therefore the entire compounded product is not medically necessary. The request furthermore does not specify a quantity. For these reasons Terocin cream is not medically necessary.